UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as President of the United States of America, et al.,

Defendants.

NO.

DECLARATION OF A.P., ARNP, CNM

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I, A.P., declare as follows:

1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I have a Bachelor of Science degree in Nursing and I am licensed as an Advanced Registered Nurse Practitioner (ARNP). I am also a Certified Nurse Midwife (CNM) board certified by the American College of Nurse Midwives (ACNM).

3. I have five years of experience in the field, with two and a half years in private practice, specializing in reproductive health and gender-affirming care. In this role, I provide a wide range of care to patients of all ages. I practice in Washington state. I frequently supplement my training with guidelines from World Professional Association for Transgender Health (WPATH), the Endocrine Society, the Mayo Clinic, the American Medical Association, American College of Obstetrics and Gynecologists, and the American Academy of Pediatrics.

4. I am choosing to use a pseudonym rather than my full name out of fear for the safety of myself, my family, my patients, my employees and my business. Providers that offer this kind of care are in a shortage in Washington state. I have a waiting list that is three months long. In my city specifically, there are not enough clinics to treat the patients that need care. I already have patients driving three-four hours to establish care. I am concerned that protesters who misunderstand gender-affirming care may become emboldened and jeopardize our safety. I am aware of how abortion providers have been targeted, where providers have had their physical safety threatened, and have not been protected by law enforcement. I'm also concerned for my business. As the medical field has seen with abortion care providers, it's more expensive to get mal-practice insurance because of the increase in physical and legal threats. It is also more

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expensive to obtain property and business insurance, and some abortion providers have been required to install preventive measures like bullet-proof windows.

5. The Federal Government's recent Executive Order concerning gender-affirming care will have a variety of direct impacts on me and my patients such as increases mental health disorders including eating disorders, anxiety, depression and suicidality in addition to increasing health disparities.

6. When I provide gender-affirming care, I do so in accordance with the Standards of Care set forth by WPATH, the Endocrine Society, and the diagnostic criteria set forth in the Diagnostic and Statistical Manual (DSM-5).

7. I currently have 550 patients, 70% of whom are LGBTQIA+. Of those, roughly 300 patients are gender diverse. Of those, roughly 30 patients are trans adolescents under the age of 19.

8. For these adolescent patients, I provide gender-affirming care most commonly in the form of hormone therapy, androgen blockers, and contraceptives for menstrual management. I provide surgical referrals to patients over the age of 18. However, some of my patients are gender diverse and have no intention to start hormone therapy, and simply desire to establish care with a provider that respects their gender identity. Respectful care that honors patient autonomy regarding gender identity has been shown to improve health outcomes, decrease health disparities and reduce patient distress.

9. I provide gender-affirming care only after the patients have met diagnostic criteria for gender dysphoria set for by the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders DSM-5-TR (ICD-10) F64.0 code for gender identity disorders.

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Additionally, for youth, the DSM defines a diagnosis for gender dysphoria in children as a marked incongruence between a child's expressed or experienced gender and their assigned sex that has persisted for 6 months with 6 out of 8 measures of gender incongruence met in addition to clinically significant distress or impairment in social, school, or other important areas of functioning. It must be specified if the above criteria are in addition to a disorder of sex development (e.g., a congenital adrenogenital disorder such as congenital adrenal hyperplasia or androgen insensitivity disorder). The clinically significant distress is typically easily evident based on years of patient unimproved mental health scores, psychiatric hospitalizations for suicide, eating disorders, and inability to attend school or create relationships with peers.

10. Once patients under the age of 18 have met diagnostic criteria, both parents must consent in accordance with Washington State Law. Parents are present for initial assessments and conversations we have with underage patients. The first visit usually consists of a 90-minute appointment discussing the initial process and making sure they have mental health support in addition to collecting a patient medical, social and family history and completing a physical assessment after we have fully assessed and diagnosed gender dysphoria. We then order baseline lab work, screening for contraindications and other endocrine disorders. Hormone therapy, in addition to other treatments, are not prescribed until after a second visit with a patient and their parents reviewing the patient's lab work. Before any treatment begins, patient and providers discuss possible fertility issues and other risks. Following this appointment, hormone therapy may be prescribed. Follow up visits with lab monitoring are scheduled every two to three months.

11. I have seen the positive impact gender-affirming care can have on trans youth. I had one trans patient who started estrogen therapy at age 18. This patient's mother told me that

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after her daughter started hormone therapy, it felt like she got her joyful, happy kid back. Some of my trans patients have described feeling like their whole brain feels better, like they can be kinder to themselves, like something inside of them is lighter. They say they feel like they have come back to themselves. I have had trans patients tell me that after starting gender-affirming care, they no longer hate themselves. They are more accepting of their physical imperfections. They are happier and more themselves. They often feel more motivated and hopeful about their futures. I've watched hormone therapy assist patients in the confidence they need to seek more fulfilling paths of schooling, or leave abusive romantic relationships, or step out of dysfunctional family cycles. Often patients feel motivated to take better care of themselves and their health after starting hormone therapy. The patient demeanor and emotional state at the intake visit and later for the first prescription are completely different from the same patient's demeanor and emotional state at the 3 and 6 month follow up visits. I witness adolescents who come in anxious, avoiding eye contact, and feeling heavy and hopeless, transform into patients feeling like they have hope. I'm honored to assist adolescents on this path.

12. In addition to gender-affirming care, I am often the entry point for all medical care for my patients. In my adolescent patients I have provided treatment for blood pressure and cholesterol concerns, polycystic ovarian syndrome, chronic skin conditions, vitamin deficiencies, asthma and other chronic health conditions that have been untreated due to fear of seeking care. In addition, I also facilitate care by providing referrals to other healthcare professionals for gender-affirming voice therapy, physical therapists for chronic pain, psychologists for undiagnosed PTSD and bipolar or even referrals to orthopedic surgeons for club foot, among others. I and similar providers aren't just treating gender-related issues, we're

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providing essential primary care to a population that has well established poorer health outcomes.

13. In my professional experience, 95% of patients that I've seen who meet criteria for gender dysmorphia and who are not already receiving gender-affirming care establish with suicide ideation present. Often these patients score very high on their screeners for depression and anxiety. It is common for these patients to have eating disorders like bulimia, anorexia, binge eating disorder, and avoidant/restrictive food intake disorder or untreated insomnia, and obsessive-compulsive disorder. These conditions also improve as patient's receive care, and we are able to treat these conditions concurrently at follow up visits.

14. In the larger medical field, we see examples of hormone therapy used in the treatment of many pediatric conditions including pediatric populations post-leukemia, Klinefelter Syndrome, Turner Syndrome, and Marfan Syndrome, all examples of medical conditions which are treated with hormones and impact a child's physical presentation by impacting height, genital function and development, hair growth, metabolism, while also improving the child's mental health and life expectancy.

15. I believe that increases to transphobic policies reduce the quality of medical care over-all. The potential consequences of this Executive Order (EO) are dire. Many of my patients have expressed overwhelming fear, anxiety, and significant emotional distress. Some parents are preparing to leave the country with their children, or asking if they should consider this step. Many of my adolescent patients are not applying to certain colleges or traveling to certain states out of fear for their safety and access to care. My inbox is flooded with patients who are terrified that their care will be taken away. I have had patients tell me they cannot go back to the way

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they felt before they received gender-affirming care – that their world would close in and go dark if they did, and some have said that they would likely consider suicide if they lost access. Retaining access to gender-affirming care is the number one priority in many of my patients' lives because it has been responsible for helping them gain so much. I have deep concern that this EO would require me to withhold medically necessary, lifesaving care, infringe upon my ability to practice within the scope of my medical knowledge, and infringe upon my patients and their parents medical freedom and rights.

I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED and SIGNED this 4th day of February 2025 at ----------, Washington.

A P ARNP, CNM

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